

USM-285 is a 5-part form. Fill out the form and print 5 copies. Sign as needed and route as specified below.

U.S. Department of Justice
United States Marshals Service

PROCESS RECEIPT AND RETURN

See "Instructions for Service of Process by U.S. Marshal"

PLAINTIFF
Cheri LaBlanche

12 JUL 19 PM 3:04

COURT CASE NUMBER (4-13-CV-204)
4:13-cv-204DEFENDANT
National Board of Medical Examiners et al.

SOUTHERN DIST. S/TX

TYPE OF PROCESS
Service of Summons

SERVE AT { NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN
Federation of State Medical Boards, 1110 Vermont Ave, N.W. Ste 1000, Washington D.C. 20005
ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW

Cheri & George LaBlanche
12806 SouthSpring Dr
Houston, TX 77047

Number of process to be
served with this Form 285

1

Number of parties to be
served in this case

3

Check for service
on U.S.A.

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses,
All Telephone Numbers, and Estimated Times Available for Service)

Fold

Southern District Court
District of Texas
FILED

Fold

AUG 07 2013

Deputy Clerk of Court

Signature of Attorney other Originator requesting service on behalf of:

☐ PLAINTIFF☐ DEFENDANT

TELEPHONE NUMBER

DATE

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY-- DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted)	Total Process <u>1</u>	District of Origin No. <u>79</u>	District to Serve No. <u>79</u>	Signature of Authorized USMS Deputy or Clerk <i>Pat Lopez</i>	Date <u>7/19/2013</u>
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I hereby certify and return that I ☐ have personally served, ☐ have legal evidence of service, ☒ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. shown at the address inserted below.

☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)

Name and title of individual served (if not shown above)

☐ A person of suitable age and discretion then residing in defendant's usual place of abode

Address (complete only different than shown above)

Date 7/29/2013 Time 3:07 ☐ am ☒ pm

Signature of U.S. Marshal or Deputy

Service Fee

Total Mileage Charges
including endeavors)

Forwarding Fee

Total Charges

Advance Deposits

Amount owed to U.S. Marshal* or
(Amount of Refund*)8.00\$0.00

REMARKS:
7/23/2013 - Service via Certified Mail 7009 2250 0004 0731 2712
7/29/2013 - Served via Certified Mail.

PRINT 5 COPIES:

1. CLERK OF THE COURT
2. USMS RECORD
3. NOTICE OF SERVICE
4. BILLING STATEMENT*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.
5. ACKNOWLEDGMENT OF RECEIPT

PRIOR EDITIONS MAY BE USED

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to: 4-13-CV-204 ⁽²⁾**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X Ronnie Rose☐ Agent☐ Addressee

B. Received by (Printed Name)

Ronnie Rose

C. Date of Delivery

7/25/13D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

FEDERATION OF STATE MEDICAL BOARDS

1110 VERMONT AVE., N.W., SUITE 1000

WASHINGTON, DC 20005

Service Type R.R.☒ Certified Mail ☐ Express Mail☐ Registered☐ Return Receipt for Merchandise☐ Insured Mail☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

2. Article Number

(Transfer from service label)

7009 2250 0004 0731 2772

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

AO 440 (Rev. 12/09) Summons in a Civil Action

UNITED STATES DISTRICT COURT

for the

Southern District of Texas

RECEIVED
UNITED STATES MARSHAL

13 JUL 19 PM 3:04

SOUTHERN DIST. S/TX

Cheri LaBlanche

Plaintiff

v.

National Board of Medical Examiners et al.

Defendant

Civil Action No. 4:13-cv-204

SUMMONS IN A CIVIL ACTION

To: *(Defendant's name and address)*

Federation of State Medical Boards
1110 Vermont Ave, N.W. Ste 1000
Washington D.C. 2005

A lawsuit has been filed against you.

Within 21 days after service of this summons on you (not counting the day you received it) — or 60 days if you are the United States or a United States agency, or an officer or employee of the United States described in Fed. R. Civ. P. 12 (a)(2) or (3) — you must serve on the plaintiff an answer to the attached complaint or a motion under Rule 12 of the Federal Rules of Civil Procedure. The answer or motion must be served on the plaintiff or plaintiff's attorney, whose name and address are:


If you fail to respond, judgment by default will be entered against you for the relief demanded in the complaint. You also must file your answer or motion with the court.

DAVID J. BRADLEY

CLERK OF COURT

Date:

7/19/13



Signature of Clerk or Deputy Clerk

AO 440 (Rev. 12/09) Summons in a Civil Action (Page 2)

Civil Action No. 4:13-cv-204

PROOF OF SERVICE*(This section should not be filed with the court unless required by Fed. R. Civ. P. 4 (l))*

This summons for (name of individual and title, if any) Federation of State Medical Boards
 was received by me on (date) 7/19/2013.

☐ I personally served the summons on the individual at (place) _____
 on (date) _____; or

☐ I left the summons at the individual's residence or usual place of abode with (name) _____
 _____, a person of suitable age and discretion who resides there,
 on (date) _____, and mailed a copy to the individual's last known address; or

☐ I served the summons on (name of individual) _____, who is
 designated by law to accept service of process on behalf of (name of organization) _____
 on (date) _____; or

☐ I returned the summons unexecuted because _____; or

☒ Other (specify): Served via Certified Mail 1009 2250 0004
0131 2772 on 7/29/2013.

My fees are \$ 0 for travel and \$ 8.00 for services, for a total of \$ 8.00.

I declare under penalty of perjury that this information is true.

Date: 8/7/2013

Pat Lopez
 Server's signature

Pat Lopez, Civil Process Desk

Printed name and title
U.S. Marshals Service, S/TX
515 Rusk Ave, Ste 10002
Houston, TX 77002

Server's address

Additional information regarding attempted service, etc: